

Heart Health Month:

INCREASING AWARENESS ABOUT CARDIOVASCULAR DISEASE

By Wilma Wooten, MD, MPH

February is "Heart Health Month," which is designated to help educate the public about heart disease and how to stay healthy. It is also an excellent opportunity to remind providers about the use of prevention efforts to help reduce morbidity and mortality associated with heart disease and related risk factors.

More than 70 million Americans, one-fourth of the population, live with a cardiovascular disease. Over 6 million hospitalizations each year are due to cardiovascular disease (CVD).

Heart disease and stroke, the principal components of cardiovascular disease, are the first and third leading causes of death for both men and women in the United States, accounting for nearly 40 percent of all deaths. Over 930,000 Americans die of cardiovascular disease each year, which amounts to 1 death every 34 seconds. Although these largely preventable conditions are more common among people aged 65 years or older, the number of sudden deaths from heart disease among people aged 15–34 has increased in recent years (1). Coronary heart disease (CHD) is the leading cause of death for American women. One in five women has some form of heart or blood vessel disease. Additionally, one in three American women dies of heart disease (2). In 2001, 931,100 people died from heart attacks and other coronary events; 498,900 (53.6 percent) of those victims were women (3).

The economic impact of cardiovascular disease on the U.S. healthcare system continues to grow as the population ages. Nationally, the rate of death due to coronary heart disease was 170.9 in 2002. Over 8 million Americans are disabled due to cardiovascular disease. Coronary heart disease is a leading cause of premature, permanent disability in the U.S. workforce. Stroke alone accounts for disability among more than 1 million Americans. The cost of heart disease and stroke in the United States is projected to be \$394 billion in 2005, including healthcare expenditures and lost productivity from death and disability (4).

In recent years in San Diego County, the rate of death due to coronary heart disease decreased by almost 25 percent from 203.3 per 100,000 population in 1995 to 155.2 in 2003. Deaths due to coronary heart disease disproportionately impact blacks / African Americans with a rate of 217.5 per 100,000 compared to whites (161.3/100,000),

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Hispanics (138.1/100,000), and Asians / others (99.8/100,000). The rate of death due to coronary heart disease is 40 percent lower in women (120.7/100,000) compared to men (199.1/100,000) (5).

Locally, the rate of hospitalizations due to coronary heart disease decreased by 13 percent from 513.6 per 100,000 population in 1997 to 445.1 in 2003. The number of hospitalizations related to coronary heart disease among San Diego County residents decreased slightly from 13,627 in 1997 to 13,254 in 2003. For ages 65 and up, the number of hospitalizations decreased 8 percent from 8,918 in 1997 to 8,219 in 2003. However, in the age group of 55–64 there was an increase in hospitalizations from 2,402 in 1997 to 2,845 in 2003 (6).

Physicians positively impact these trends by assessing their patients for cardiovascular risks and advising them on healthier lifestyle choices. The American Heart Association has identified several risk factors that patients can modify, treat or control by changing lifestyle or taking medicine.

Tobacco Smoke: Smokers' risk of developing coro-

nary heart disease is 2–4 times that of nonsmokers. Cigarette smoking is a powerful independent risk factor for sudden cardiac death in patients with coronary heart disease; smokers have about twice the risk of non-smokers. Cigarette smoking also acts with other risk factors to greatly increase the risk for coronary heart disease. People who smoke cigars or pipes seem to have a higher risk of death from coronary heart disease (and possibly stroke), but their risk is not as great as that of cigarette smokers. Exposure to second-hand smoke increases the risk of heart disease even for non-smokers.

High Blood Cholesterol: As blood cholesterol rises, so does risk of coronary heart disease. When other risk factors (such as high blood pressure and tobacco smoke) are present, this risk increases even more. A person's cholesterol level is also affected by age, sex, heredity, and diet.

High Blood Pressure: High blood pressure increases the heart's workload, causing the heart to thicken and become stiffer. It also increases your risk of stroke, heart attack, kidney failure and heart failure. When high blood pressure exists with obesity, smoking, high blood cholesterol levels or diabetes, the risk of heart attack or stroke increases several times.

Physical Inactivity: An inactive lifestyle is a risk factor for coronary heart disease. Regular, moderate-to-vigorous physical activity confers the best benefits. However, even moderate-intensity activities help if done regularly and long term. Exercise can help control blood cholesterol, diabetes and obesity, as well as help lower blood pressure in some people.

Obesity and Overweight: People who have excess

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San Diego County Health Stats: Heart Health

- In San Diego County, 6.6% of adults, ages 18 and up, have been diagnosed with heart disease (1).
- The primary cause of death among San Diego County residents is diseases of the heart, with 16,158 deaths from 2001–2003, which is 27% of all deaths in the County (2).

February is Heart Health Month. For more information about Heart Health Month, go to www.americanheart.org. To request additional health statistics describing health behaviors, diseases, and injuries for specific populations, health trends and comparisons to national targets, please call the County's Community Health Statistics Unit at (619) 285-6479. To access the latest data and data links, including the 2004 Core Public Health Indicator document, go to www.sdhealthstatistics.com.

References: ■ 1. California Health Interview Survey, 2003, Los Angeles, CA: UCLA Center for Health Policy Research. ■ 2. State of California, Death Statistical Master File-Prepared by Community Epidemiology County of San Diego, Health & Human Services Agency.

About the Author: Dr. Wooten is a board-certified family medicine physician. Since March 2001, she has been the deputy health officer for the Public Health Services Division in the County of San Diego Health and Human Services Agency. She is a volunteer associate clinical professor in the UCSD Department of Family and Preventive Medicine and an adjunct professor at SDSU, Graduate School of Public Health.

body fat — especially trunkal obesity — are more likely to acquire heart disease and stroke even if they have no other risk factors. Excess weight increases the heart's work. It also raises blood pressure and blood cholesterol and triglyceride levels, and lowers HDL cholesterol levels. It also potentiates the development of diabetes. Many obese and overweight people may have difficulty losing weight, but by losing even as few as 10 pounds, one can lower heart disease risk.

Diabetes Mellitus: Diabetes seriously increases risk of developing cardiovascular disease. Even when glucose levels are under control, diabetes increases the risk of heart disease and stroke, but the risks are even greater if blood sugar is not well-controlled. There are 20.8 million people in the United States, or 7 percent of the population, who have diabetes. Unfortunately one-third, 6.2 million individuals do not know it (7). About three-quarters of people with diabetes die of some form of heart or blood vessel disease.

Healthcare providers perform age-appropriate CVD and CHD assessment utilizing online risk-assessment tools available on the following websites:

- <http://hin.nhlbi.nih.gov/atpin/atp3palm.htm>
- <http://www.nhlbi.nih.gov/guidelines/cholesterol/profnats.htm>

The following key items should be a part of routine assessments and documentation:

- Smoking status
- Body mass index and waist circumference

- Blood pressure
- Complete lipoprotein panel (total cholesterol, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, and triglyceride levels)
- Fasting blood glucose level (to screen for diabetes)
- Dietary habits
- Physical activity habits
- Family history of heart disease
- Age

For more information and patient educational materials, including in Spanish, contact the American Heart Association at (858) 410-3850 or www.americanheart.org.

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5. State of California Department of Health Services, Death Statistical Master Files; SANDAG Population Estimates, 2003.
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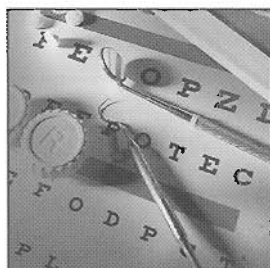
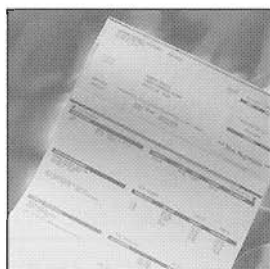
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